

Putnam Soil and Water Conservation District

Application for Employment

1206 East 2nd Street, Suite 2 Ottawa, Ohio 45875

Phone: 419-523-5159

Putnam Soil and Water Conservation District is an Equal Opportunity Employer. Employment decisions are based made without regard to race, marital status, sex, national origin, disability, religion, age (where protected by law), color or political affiliation.

(PLEASE PRINT)

Position being applied for: _____

Salary Desired: _____

Date: _____

Personal Information

Name: _____
First Last Middle

Address: _____
Number/Street City State Zip

Phone #: _____ Social Security #: _____

Have you ever been employed by the Putnam Soil and Water Conservation District before?

____ Yes ____ No If yes, date: _____

Do you want to work: ____ Full Time ____ Part Time ____ Seasonal

Do you have the legal right to work in the U. S.? ____ Yes ____ No

Are you 18 years of age or older? ____ Yes ____ No

Have you ever been convicted of a felony? (Note: A conviction will not necessarily ban you from employment. Each conviction will be judged on it's own merits with respect to time, circumstance and seriousness based on the position for which you are applying.)

____ Yes ____ No

If yes, explain: _____

Military Experience

Are you a veteran? ____ Yes ____ No

If yes, what branch of the service? _____

Rank: _____ Length of service: _____

Education (High School)

High School Graduate? ____ Yes ____ No

Name and location of High School (city and state) _____

Education (Post -High School)

Including technical school, business school, professional school, college and university.

School Name & Location	Major Areas of Study	Type of Degree or Certification Attained / Date Attained

Please list below the specific course work areas at the high school level or beyond relevant to the position for which you are applying. Also indicate the number of courses you have successfully completed in each area: Note: A transcript may not be substituted for this section, although you may be required to submit one.

Course Work Area	No. of Courses

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Training and Other Qualifications

(Do not included course work already listed above)

Subject or Title of Training	Course Work Area	Length of Training

List special equipment or machines you can operate: _____

List computer software in which you have skills. Including word processing, spreadsheets and database programs.

Please indicate the name of the specific software: _____

List any additional relevant skills you have: _____

License, Registrations, & Certificates

(Be sure to include any valid driver's license if required for job)

License /Certification Issued by	Field/Trade/Specialization	License/Certification No.	Expires

Employment Experience

List each job held. Start with your **Present** or **Last** job. Include military service assignments and volunteer activities. Note: In order to be considered for employment, you must fill in the information below accurately and completely. Please submit a resume, including references, in addition to completing this section. If you need additional space, attach extra copies of this page.

May we contact your present employer?

☐ Yes

☐ No

Employer 1:		Dates				Job Duties & Responsibilities:	
Address:		From		To			
Phone #:							
Job Title:		Hourly Rate/Salary					
Supervisor:		Start		End			
Reason for leaving:							
Employer 2:		Dates				Job Duties & Responsibilities:	
Address:		From		To			
Phone #:							
Job Title:		Hourly Rate/Salary					
Supervisor:		Start		End			
Reason for leaving:							
Employer 3:		Dates				Job Duties & Responsibilities:	
Address:		From		To			
Phone #:							
Job Title:		Hourly Rate/Salary					
Supervisor:		Start		End			
Reason for leaving:							
Employer 4:		Dates				Job Duties & Responsibilities:	
Address:		From		To			
Phone #:							
Job Title:		Hourly Rate/Salary					
Supervisor:		Start		End			
Reason for leaving:							

Summary of Qualifications

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Emergency Contact Information

Home Phone _____ Work Phone _____

Please Read Carefully

I certify that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I understand if this application is not completed in full, it will not be processed, and I will be automatically disqualified. I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me or who may hereafter examine me, from disclosing any knowledge or information which he or she acquired relevant to my employment following disclosure by me of any disabilities which may prevent me from performing the essential functions of the job for which I've applied. I hereby consent that he or she may disclose such knowledge or information to the Putnam Soil and Water Conservation District in consideration of an offer of employment or during my employment with the Putnam Soil and Water Conservation District. I understand that this application may raise questions regarding my past work and education record, and that the organizations' agent and employees may wish to make inquiry regarding this, so that my qualifications for employment may be reviewed.

By signing this waiver, I expressly authorize the Putnam Soil and Water Conservation District to make an inquiry to my former employers concerning my work record, job qualifications and performance. I authorize my former employer to furnish Putnam Soil and Water Conservation District's designated agent, with this information upon request. I recognize the right of Putnam Soil and Water Conservation District to treat, at its discretion, certain sources as confidential, and its right to withhold from me or my agent the names of such confidential sources, and information obtain there from.

If your records may be under another name, please include that name. _____

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge regardless of when such information is discovered. I understand, also, that I am required to abide by all rules and regulations of the Putnam Soil and Water Conservation District. By signing this application for employment, I acknowledge that I can perform the essential functions of the job for which I have applied, with or without reasonable accommodation. I understand that any offer of employment is conditional upon good proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

I understand that this employment application is not a contract of employment, and that any individual who is hired may voluntarily leave employment upon proper notice. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

By signing this waiver, I expressly authorize the Putnam Soil and Water Conservation District to obtain an abstract of my driver's license or commercial driver's license record, as well as any prior criminal convictions, so that my qualifications for employment may be reviewed. In the event that I am hired, I also authorize the Putnam Soil and Water Conservation District to continue to obtain this information during my employment with the District.

SIGNATURE OF APPLICANT _____

DATE OF SIGNATURE _____

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(COMPLETION OF THIS FORM IS COMPLETELY VOLUNTARY)

(ANSWER ALL QUESTIONS-PLEASE PRINT)

Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, marital status, or disability.

To help us comply with Federal / State equal employment opportunity record keeping, reporting and other legal requirements, we request you supply the following information. This information will in no way affect the processing of your application or you being considered for employment.

This Pre-Employment Information Form will be kept in a confidential file separate from the attached Application for Employment and used for statistical purposes only.

Date: _____

Position Applied for: _____

Referred By: _____

Name: _____
Last First Middle

Race / Ethnic Group: ☐ White ☐ Black ☐ Hispanic
☐ Native American/ Alaskan Native ☐ Asian/Pacific Islander

Sex: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?

☐ Yes ☐ No

Are you a veteran?

☐ Yes ☐ No

Are you a Vietnam Era Veteran?

☐ Yes ☐ No

Are you a Desert Storm/Shield Veteran?

☐ Yes ☐ No

Are you a Disabled Veteran?

☐ Yes ☐ No

How did you learn about this position: ☐ Personnel Office ☐ Posting ☐ Newspaper Advertisement
☐ Electronic / Computer Posting ☐ Other _____